U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.							
1. File Number U 14231	2. Fiscal Year Covered From:						
4432	1 / 1 /04 Through: 12 /31 / 04						
3. Name and address of person filing.	4. Name, file number, and address of labor organization.						
Name Nedra Davis	Name						
	Labor Organization File Number						
P.O. Box, Bldg., Room No., if any RiverTech Centre	P.O. Box, Building and Room Number, if any RiverTech Centre						
Street 3700 S. Water Street, Suite 160	Street 3700 S. Water Street, Suite 160						
city Pittsburgh	City Pittsburgh						
State PA ZIP Code + 4 15203-236 5	5 State PA ZIP Code + 4 15203 -2365						
5. Position in labor organization.							

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

Trustee

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.					
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.				
Name					
Trade Name, if any:	· · · · · · · · · · · · · · · · · · ·				
P.O. Box, Bldg., Room No., if any					
	7.b. Amount.				
Street					
City					
State ZiP Code + 4	-6-				

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed	redra	Davis	On	7-7-05	412-481-5233
				Date	Telephone Number